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QC
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ISSUE SLIP STAPLE AREA (for additional cross references)

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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>7091</i>	<i>3/6/98</i>
O.I.P.E. CLASSIFIER	<i>BB</i>	<i>43</i>	<i>3/9/98</i>
FORMALITY REVIEW	<i>PMH</i>	<i>57533</i>	<i>4/2/98</i>

DS

INDEX OF CLAIMS

71694

101998

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓		<i>2/24/98</i>
2			<i>11/14/98</i>
3			<i>10/3</i>
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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